MONTANA STATE HAIL INSURANCE PROGRAM

Montana Department of Agriculture Hail Insurance Program P O Box 200201, Helena, MT 59620 Phone: 406-444-2402 or 844-515-1571 toll free

Fax: 406-444-9442 E-mail: agrhail@mt.gov

Date:			

Acres to be Insured Worksheet

This is **not** your Hail Insurance Policy

Name of Insured	Tax	Identification Numbe	er SSN 🗌	EIN 🗆
Other Share holders				
Mailing Address	Cou	ınty		
City, State, Zip	E-m	nail		
		e of ment: Check	Charg	ge 🗆
Phone		4% discount	i	·

Please fill out the above information and list each field that you want insured before you call or fax this sheet to the hail insurance office. We will transfer your figures onto your hail insurance policy and keep this form on file in our office. Acres and dollar amounts must be accurate. Please round the acres to the nearest whole number. A separate sheet must be filled out for property to be insured in another county. Your policy will be effective at 12:01 am the day following the postmark or fax date or you may choose to call the Hail insurance office.

DIRECTIONS

% CROP INSURED - INSURED'S SHARE: Please list your share of coverage: i.e. 100%, 50%, 33%, etc

ACRES INSURED AND TYPE OF CROP: Please list only full acres and complete fields. We are unable to insure partial fields. Crops are to be listed specifically: i.e. winter wheat, spring wheat, barley, irrigated barley, oats, irrigated oats, etc. Please use crop code on back of this form.

IRRIGATED: Please indicate if field is irrigated or not. Y/N

SECTION, TOWNSHIP, RANGE: Please show the legal description of your field. If the field crosses sections, townships, or ranges, please list them all for that field. One section, township and range per line please.

MAXIMUM INSURED AMOUNTS: Non-irrigated crops - \$75. Irrigated crops - \$114. If all shareholders in the crop desire hail insurance, each shareholder is limited to his share per acre in proportion to the share each owns of the crop. If other shareholders do not desire hail insurance, any shareholder may insure his share for the maximum allowed per acre.

EXAMPLE 1 (see field 1 below): You have a 200 acre field of spring wheat in Section 26, Township 24 North, Range 48 East and you want 100% coverage (\$75/acre).

EXAMPLE 2 (see field 2 below): You have multiple strips in several sections totaling 600 acres of barley to be insured in Sections 3,4,5, Township 24 North, Range 48 and you want 2/3 or 66% coverage (\$33.00/acre).

FIELD #	% CROP INSURED	ACRES INSURED	TYPE OF CROP	IRRIGATED (Y/N)	SECTION NUMBER	TOWNSHIP	RANGE	INSURED AMOUNT
1	100%	200	SW	N	26	24 N	48 E	\$75.00
2	66%	600	BA	N	3,4,5	24 N	48 E	\$75.00

Name of Insu	red:				
		ACRES	TYPE OF	IRRIGATED	SECTIO

FIELD #	% CROP INSURED	ACRES INSURED	TYPE OF CROP	IRRIGATED (Y/N)	SECTION NUMBER	TOWNSHIP	RANGE	INSURED AMOUNT
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Your hail policy will be mailed to you for your signature and review. You must return the signed policy.

Producer's Signature	

"If the policyholder fails to make cash payment within two weeks of the date of this policy, when check option is selected, policyholder has agreed to furnish the Department a crop lien on the insured crops sufficient to cover the fees for the insurance, plus interest if applicable."

Representative's Signature _

(If other than policy holder)

CROPS				
Code	Crop Name			
AS Alfalfa Seed				
BA	Barley			
BN	Beans			
BM	Black Medic			
BK	Buckwheat			
CM	Camelina			
CS	Canary Seed			
CA	Canola			
CN	Corn			
DW	Durum Wheat			

CROPS				
Code	Crop Name			
FX	Flax			
HY	Hay			
LT	Lentils			
ML	Millet			
MU	Mustard			
OT	Oats			
PE	Peas			
PO	Potatoes			
RS	Rape Seed			
RY	Rye			

CROPS				
Code	Crop Name			
SF	Safflower			
SA	Sainfoin			
SG	Sorghum			
SP	Speltz			
SW	Spring Wheat			
SB	Sugarbeets			
SU	Sunflower			
SC	Sweet Clover			
TR	Triticale			
WG	Wheat Grass			
WW	Winter Wheat			